

EXECUDA.

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	ED	EXEC.ID.#	<u>1∞</u>				
4) Name: GU 1 LORY Last	First	MI EXEC.ID.#I	105				
5) Name: MAFFEL		LAL.					
Last		EXEC.ID.#	_ <u>11\b</u>				
6) Name: ANDER SON	First	MI EXEC.ID.#					
	DUSTIN_	MI					
7) Name: <u>GRADY</u> Lest	First	EXEC.ID.#_	_129_				
8) Name: <u>SASS</u> Last	JENNY FIRE	MI	. 0)				
Last AAAAA-CCA	DFRANK	EXEC.ID.#_	<u> </u>				
9) Name: 1017-15-5-5	BRANDIE	EXEC.1D.#_	125_				
9) Name: MARASCO Last 10) Name: WATKINS							
Last							
		/					
Pursuant to LSA	-R.S. 49:76G(2)(a). Name of Empl	yer of Principal	enditures				
is exercising the	option of filing expenditure reports for a	maxecutive rozzys					
	nabalf by persons representing my/its into	erests during the year or -					
. Jés	ethat the information contained herein i	s true and correct to the	Cost 4				
) hereby certify	ormation and belief; and that no inform	ation required by LSA-R	.S. 49:71 et				
	,	-					
seq. has been d	eliberately omitted.						
	Signature of Employer/Principal or Re	Of Contributes					
Total Morne							
Print or Type Full Name							
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Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. The designation form is to be completed and submitted by <u>lanuary 31th</u> of each year. This designation will be affective for the reporting of all expenditures made during that calendar year. This form must include a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation ineffective.

such reports and for receiving any correspond may render your designation ineffective.			rees, Farlur	re to fully complete this form
Hand deliver or mail to 2415 Quali Drive, OR Fax to: (225) 763-8787 or (225) 763-8780	•	. 70808		
1. EMPLOYER/PRINCIPAL	w	/		FOR OFFICE USE ONLY Postmark Dates
2. BUSINESS ADDRESSStreet and No.	City	State	Zip	
MAILING ADDRESS	City	State	Zip	
3. CONTACT PERSON: Last	First		MI	
4. MAILING ADDRESS Street and No.	City	SKATC	Zip	
5. PHONE NUMBER Area Code an	d Phone Number	_		
6. FAX NUMBER Area Code an	d Fax Number	_		
7. Names of Lobbyists who are employed by or	who represent the interests	of the Principal	listed abov	
1) Name: ANDER Saw	GRANT First	M:		C.ID.# \O}
1) Name: ANDERSON List 2) Name: BREETNE List 3) Name: ECHEGARRUA—	TEREMY First	M		CID# 102
3) Name: ECHE GARRUA-	KAREN		EXE	c.ip,≠ <u></u> <u>\</u> 06
Last	First	M		

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4)	Name:_	HASTINGS	COLEY		EXEC.ID,#	28
		Lest	First	MI		
5)	Name:_	GALDGEARD	AUGUS 7		EXEC.ID.≱_	103
		Last	First	MI		
6)	Name:_	SMITH	KAREN		EXÉC.ID.#	llo
		Last	First	MI		
7)	Name:_	KILCLINE	VICKIE		EXEC.ID.#	דון
		Last	First	MI		•
8)	Name:_	ROUGEAU	ANDREA 4		EXEC.ID.#	118
		<u>Last</u>	Eigst, galler	MI		
9)	Name;_				EXEC.ID.#	
		Last	Fìr≭	MI		
10)	Name:				EXEC.ID.#	
		Last	First	MI		

Pursuant to LSA-R.S. 49:76G(2)(a), LICHARD WINGET

Name of Employer or Principal
is exercising the option of filing expenditure reports for all executive lobbying expenditures
made on my/lts behalf by persons representing my/its interests during the year of 2005.

I hereby certify that the information contained herein is true and correct to the best of my
knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et
seq. has been deliberately omitted.

Signature of Employer/Principal or Representative

Richard N. Winget

Print or Type Full Name

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